



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
9601 Steilacoom Blvd SW, Steilacoom, WA 98498-7213

August 2005

Dear Applicant:

Thank you for your interest in the Psychology Internship Program at Western State Hospital. You may obtain instructions and an application via the following Internet address: <http://www.appic.org/> for the 2006-07 internship year. Our program adheres to APPIC Match Policies, which can be obtained at the Internet site: <http://www.appic.org/>, that this internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

All application materials (including a self-addressed postcard for notification of completion) should include:

1) APPIC application form; 2) your current Vita and Graduate transcripts; 3) the academic program's Verification of Internship Eligibility and Readiness section of your application signed by your Director of Training; 4) three (3) letters of reference (refer to Reference Information Form in the back of the brochure); 5) a copy of one (1) of your psychological evaluations with test protocols.

These materials must be submitted by **November 15, 2005** to:

Melvadene Gabrilski, Secretary Administrative
Western State Hospital, Psychology Department
9601 Steilacoom Blvd. S.W.
Tacoma, WA 98498-7213

Sincerely,

Phyllis Knopp, PhD
Director of Training
Predoctoral Psychology Internship Program

WESTERN STATE HOSPITAL

**CLINICAL PSYCHOLOGY
INTERNSHIP PROGRAM
(Pre-Doctoral)**



2006 - 2007

**FULL ACCREDITATION
AMERICAN PSYCHOLOGICAL ASSOCIATION**



Although this description is accurate at the time of publication, our internship program is committed to a continuous process of self-evaluation and renewal. Consequently, it is possible that some aspects of the program may have changed by the time the internship year begins.

***Phyllis M. Knopp, Ph.D.
Psychology Internship Program Director***

SUMMARY

APA APPROVAL

Western State Hospital's Predoctoral Clinical Psychology Internship Program began in 1984 and accredited in 1986 by the American Psychological Association. We received provisional accreditation in 1986 and full APA accreditation in 1989. The Internship Program follows the Scientifically-Influenced Practitioner model. The Committee for Accreditation can be reached at 750 First St. NE, Washington, DC 20002, 1-800-374-2721; TDD/TTY (202) 336-6123.

PHILOSOPHY

Western State Hospital is committed to providing its interns with a variety of challenging supervised training experiences to aid their transition from "student psychologists" to "professional psychologists" who will function ethically and competently in a variety of clinical settings. Consequently, the focus of our program is both clinical training and professional growth.

REQUIREMENTS FOR COMPLETION

The following activities are expected to be completed satisfactorily as part of the internship:

- Three different four-month rotations.
- At least one or more psychological evaluations (including testing) per rotation, depending on training needs of the intern.
- Group or co-therapist experience.
- Demonstrate competency in conducting individual therapy.
- Attendance at seminars.
- Make a case presentation during each rotation to gain experience in explaining cases to other professionals.
- Make a presentation on a selected topic to the department.
- A minimum of 1900 hours of hospital experience.
- Ethical conduct demonstrated at all times. This means full compliance with the American Psychological Association's Code of Ethics, Washington State's Ethics in Public Service Law, and Western State Hospital's Code of Ethics.

STRUCTURE

The internship is from September 1 to August 31 of the succeeding year, with each intern completing three four-month rotations. Rotations are available in the Center for Forensic Services, Center for Adult Services (Acute and/or Extended Care), the Center for Geriatric Services, Neuropsychology (availability subject to change), Child Study and Treatment Center, and Special Commitment Center (required rotation), and are intended to balance interests and training needs. Opportunities may be available for yearlong experience providing supervised individual and group psychotherapy.

SEMINARS

Interns participate in a seminar series about theoretical and professional issues, which generally runs weekly throughout the year and is presented by Department members. In addition, they participate in a 12-session series on criminal forensic psychology. This series is presented by the Washington Institute of Mental Illness Training and Research.

SUPERVISION

Each intern receives a minimum of five hours per week of supervision, at least two of which are scheduled individual supervision.

EVALUATION

Each rotation supervisor completes a mid-rotation rating and, at the end of the rotation, a written end-of-rotation evaluation of that intern's performance. Likewise, each intern completes an evaluation of the placement and of each supervisor.

STIPEND/BENEFITS

The current stipend for the twelve months is \$16,008. Thirteen days of annual leave and 12 days of sick leave are provided per internship year; five days of training leave are also provided. Deductions for social security and all federal income tax withholding are the responsibility of the intern, as the intern-training stipend is on a contract basis. Health insurance is not provided; however, workers compensation insurance is provided.

APPLICATION/SELECTION

Applicants must be from APA-approved clinical or counseling psychology programs to be considered for the four available internships. Forensic psychology programs will not be accepted/considered since they are not APA accredited, unless affiliated with an APA accredited clinical or counseling program. Minorities and women are encouraged to apply. Three years of graduate work and at least 750 hours of practicum experience are required prior to the internship year. All application materials, including application form, vita, graduate transcripts, **a separate letter of eligibility** from your director of training, and three letters of recommendation must be submitted by November 15, 2005 to:

Ms. Mel Gabrilski, Secretary Administrative
Psychology Department
Western State Hospital
9601 Steilacoom Blvd. S.W.
Tacoma, WA 98498-7213

APA and APPIC guidelines will be followed with regard to notification of acceptance and rejection.

WESTERN STATE HOSPITAL

Western State Hospital was opened in August 1871 as the first mental hospital in the Pacific Northwest. It is a state owned psychiatric hospital for treatment of the mentally ill, and is administered by the Department of Social and Health Services, Division of Mental Health. The hospital is situated on a 264-acre campus 1/2 mile from the town of Steilacoom, which is on Puget Sound overlooking islands and the Olympic Peninsula. The Tacoma Narrows Bridge to the Olympic Peninsula is about 10 miles distant. We are about 40 miles south of Seattle. The historic Fort Steilacoom compound, with officers' quarters and parade grounds from the days when Ulysses Grant was a Captain, remains on the Western State Hospital Campus.

Western State Hospital is an integral part of a comprehensive network of mental health services for citizens of the State of Washington. A prime objective of the Hospital is to provide residential treatment for those individuals whose psychiatric condition is so severe that local community treatment is not feasible. The Hospital also offers treatment for selected legal offenders who can benefit from treatment in a clinical setting. In all cases the ultimate goal is to re-establish the individual as a functional member of the community in the shortest time compatible with sound treatment philosophy. Upon discharge, the patient is referred to local community mental health centers or to private practitioners for follow-up treatment.

The Hospital is organized around three major treatment units: Center for Forensic Services (CFS), Center for Adult Services (CAS), and Center for Geriatric Services (CGS). Psychologists, physicians, psychiatrists, social workers, rehabilitation therapists and nursing staff provide care and services to a patient population of approximately 776 adults, approximately 69% of whom are males, and most of whom are committed under either civil or criminal laws. For the year of 2004, an average of 111 patients were admitted and 128 discharged each month; and approximately 50% of the patients admitted have been hospitalized previously

INTERNSHIP PROGRAM

The Western State Hospital Psychology Staff is committed to providing high quality training experiences for interns. Interns have input into the development of the program. The program is fully accredited by APA. It provides opportunities to work with unique populations such as mentally ill offenders and geriatric patients.

The interns have some flexibility in structuring their activities during the year. As each unit has many different wards, opportunities for supervision and training can be unique, varied and adapted to suit different interest and training needs. Interns are free to explore rotations on any ward where a supervisor is available, and may obtain experience in the following areas:

1. **Methods for evaluating social, cognitive, psychological, behavioral and organic factors in psychopathology.** Training in clinical interviewing, and in the use of structured and unstructured psychological assessment techniques is included. Among the issues considered are diagnosis, amenability to treatment, dangerousness, involuntary commitment, and potential for recidivism. Western State Hospital offers a wide range of patients in terms of psychopathology.
2. **Report writing and communication skills.** Effective written and verbal skills are important in communicating useful treatment recommendations to other colleagues, other professionals (e.g., court) and to patients. Each intern will be responsible for administering and interpreting a number of psychological test batteries in each rotation.
3. **Individual and group psychotherapy. Modalities used by current psychology staff members include behavior modification, cognitive-behavioral therapy, crisis intervention, and psychodynamic approaches.** The intern will be expected to develop treatment strategies using these modalities, as well as others, to treat a variety of patient problems.
4. **Consultation.** The intern will have opportunities to work with a multidisciplinary treatment team. Responsibilities will include consultation regarding diagnosis, treatment plan formulation and implementation, and discharge planning.
5. **Forensic issues in psychology.** The interface between psychology and the legal system becomes prominent in cases of civil and criminal commitment. Psychologists serve as expert witnesses to the court for determining the patient's danger to self, danger to others, and/or grave disability in cases of involuntary civil commitment; and determination of competency to stand trial and criminal responsibility for cases involving criminal commitment. Interns will assist psychologists in such methods of evaluation as interviewing and a variety of psychological assessment techniques, and assist in the preparation of affidavits and records.

6. **Clinical research.** Interns are encouraged to pursue their own research interests and/or to participate in ongoing research projects. Up to 10% of the intern's time is available for research and may be utilized for dissertation work.

Every effort is made to individualize the rotations to fit the intern's needs and interests. Internship rotations are described on the following pages.

CENTER FOR FORENSIC SERVICES (CFS)

Interns have the option of selecting from two rotations in the CFS program: Inpatient and Outpatient. In addition, an intern may select to work with individuals in the Community Program or individuals who were adjudicated and sent to Western State Hospital after being found Not Guilty by Reason of Insanity (NGRI). Interns work directly with evaluating psychologists in the interview and testing process. Interns are expected to write several formal forensic psychological evaluations during their rotation under supervision. CFS is a very busy service conducting 1540 evaluations in 2004. Approximately 37% of the evaluations recommend competency restoration.

The Inpatient program serves up to 240 patients. The Community Program, which helps transition persons found NGRI from the hospital after they have completed sufficient treatment has a population of 107: 62 persons in the community, 31 persons in the Community Program housed at Western State Hospital, and 14 persons housed on an inpatient unit of CFS.

The Outpatient program (formally called Program for Evaluations in Corrections and the Community – PFECC) evaluates a large percentage of the referrals from the courts of Western Washington (approximately 80%). Some courts direct that a defendant be sent to Western State Hospital instead of having an outpatient evaluation. Also, certain individuals cannot be evaluated by the Outpatient evaluator due to their mental condition or lack of willingness to participate. PFECC evaluations occur away from the hospital, often in jail settings or the offices of attorneys and typically involve only one evaluator. At times if the defendant has been released on his/her own recognizance, they may be scheduled to see an evaluator at Western State Hospital. Most defendants evaluated by PFECC are misdemeanants or felony offenses without the need for lengthy clinical observation or who do not have complicated or lengthy police discoveries.

Inpatient evaluation is comprised of working with a defendant who may have more complicated legal issues or have orders for competency restoration in a hospital treatment model. The opportunity for observation, medications, and treatment services involved many professional staff and allow the intern an opportunity to interact with other disciplines. Evaluation of competency, mental state at the time of the offense and risk are major components of the inpatient evaluator's work.

Interns within CFS (inpatient and outpatient) may participate in the following:

1. Pre-trial evaluations of accused persons to determine diagnosis, sanity at the time of the alleged offense, competency to stand trial, and to predict dangerousness of individual members of this diverse population. Interns who are accepted into this rotation may expect to spend the majority of their time performing and interpreting psychological tests and focused interviews, under supervision. Opportunities to observe expert testimony in court trials are provided.
2. Single rotation or yearlong individual and group psychotherapy of select cases under supervision.
3. Evaluation of patients for inpatient treatment needs, and program consultation to the treatment team. (Outpatient Rotation Only)
4. Membership in a treatment team assisting in developing treatment plans. (Inpatient Rotation Only)
5. Program development and management through regular attendance at treatment and staff meetings at the ward and program level.
6. Non-voting participation in standing committees reviewing patients for conditional release or discharge from treatment.
7. Psychological testing to aid in placement or treatment of criminally insane and conditionally released patient.

CENTER FOR ADULT SERVICES (CAS)

The Center for Adult Services (CAS) serves approximately 370 patients ranging in age from 18 to approximately 55 years. It consists of 12 wards, each with a population of about 31 patients. The primary diagnoses treated in CAS are schizophrenia, schizoaffective, and mood disorders. Six of the wards are sub-acute. They accept newly admitted patients, most of who are admitted after a period of stabilization in a community hospital. Some wards have specialized populations (e.g., individuals with brain injuries, sex offense histories, criminal/aggressive behavior).

The varied patient population of CAS offers the Interns a unique opportunity to work with adults exhibiting a wide variety and range of severity of psychological/psychiatric illnesses. As well as working with a licensed Psychologist who serves as the intern's rotation supervisor, the intern will work with a multidisciplinary team consisting of a Psychiatrist, a Social Worker, a Physician assigned to medical care, RNs, LPNs, a Pharmacist, Recreation, Occupational Therapists, and other nursing support personnel. Rotations can usually be tailored to accommodate the interests and educational/experiential needs of the intern.

The psychology intern serving a rotation on this unit is expected to:

1. Conduct group and individual psychotherapy for selected patients.
2. Become knowledgeable about the civil commitment process, assist in preparing court petitions for involuntary commitment, and observe involuntary commitment hearings.
3. Participate in multidisciplinary diagnostic evaluations of patients with mental, emotional, and/or organic dysfunction.
4. Perform psychological testing and diagnosis.
5. Develop specific behavioral treatment programs for patients, consulting with treatment team members and nursing staff in developing consistent approaches to patient care.
6. Assist the ward psychologist in planning, developing, implementing, and managing the ward milieu, and participate in program decision affecting the ward.

HABILITATIVE MENTAL HEALTH UNIT

This unit includes two wards which house patients with developmental disabilities who require intensive, structured behavioral interventions.

CENTER FOR GERIATRIC SERVICES (CGS)

Older adults represent a rapidly expanding proportion of our population. The Center for Geriatric Services (CGS) at Western State Hospital serves older adults with the most challenging psychiatric and behavioral issues. These patients are admitted on an involuntary basis because their needs can no longer be met in community settings. Treatment is provided on a team basis with the overall goal of achieving psychiatric and behavioral stabilization so patients can be returned to the community based settings.

CGS has 5 wards with an overall capacity of 145 patients. In addition to the admission ward, there are 4 specialty wards including wards for dementia, psychotic and affective disorders, assaultiveness, neurological disorders such as Huntington's disease, and traumatic brain injured patients. At times medical conditions are a complication that must be factored into the overall treatment equation.

Opportunities for psychology interns typically include *:

1. Specialization in assessment of geriatric mental illness, including neuropsychological screening.
2. Treatment of geriatric mental illness includes individual and group psychotherapy.
3. Familiarization with a dementia specialization, including the development of behavioral intervention strategies.
4. Familiarization with a team based approach to treatment and the psychologist's role as treatment team contributor, team facilitator, and ward program coordinator.
5. Developing behavioral intervention strategies based on psychological and/or treatment team contributions.
6. Familiarization with civil commitment procedures includes evaluation and testimony.

* Opportunities may vary depending on program revisions.

NEUROPSYCHOLOGY

Neuropsychology is concerned with the assessment of brain-behavior relationships. The major function of the Neuropsychology Service is to assess patients with behavioral/emotional disturbances that may be associated with central nervous system dysfunction.

The Neuropsychology Service receives referrals for consultation/evaluation from the Geriatric/Medical Unit, Center for Adult Services and Center for Forensic Services at Western State Hospital. Interns primarily participate in the evaluations of patients referred from the Center for Adult Services and the Center for Geriatric Services. Patients are referred for diagnostic and treatment planning purposes. Patients referred to the laboratory are quite diverse. Typically, patients referred have diagnoses of acute or chronic traumatic brain injury, seizure disorders, various forms of dementia or a long history of chronic mental illness. Patients from the Center for Forensic Services are generally referred for neuropsychological evaluations to obtain information regarding level of cognitive function for determination of competency issues.

The neuropsychologist, provides supervision. While rotating in the Neuropsychology Service, psychology interns will learn to administer and score a wide variety of neuropsychological tests, conduct neuropsychological clinical interviews, write consultation reports and provide feedback to patients and staff regarding the results of evaluations. The Neuropsychological Service utilizes a “flexible battery” approach. A fairly standard set of tests usually forms the core of the battery. The length of testing generally ranges from 3 to 10 hours with an average of approximately 6 hours. Tests utilized include the Wechsler scales, measures from the Halstead-Reitan Battery, a number of other well known neuropsychological and personality assessment tools and cognitive screening tests such as the Dementia Rating Scale (DRS) and the Neurobehavioral Cognitive Screening Examination (COGNISTAT).

Interns are also provided with a compilation of articles regarding the neuropsychology of various disorders and conditions, various approaches to assessment and professional issues in neuropsychology (e.g., evolution of neuropsychology as a specialty area, ethical issues and training guidelines). The Neuropsychology Service has weekly meetings during which various topics of interest can be scheduled for discussion. In addition, interns are encouraged to prepare and offer a continuing education workshop for staff through Staff Development on a topic related to neuropsychology (e.g., a specific test instrument, diagnostic group or therapy approach for treating patients with neuropsychological impairment). Neurobehavioral seminars/case conferences are also available at nearby Madigan Army Medical Center.

Efforts are made to tailor the rotation to meet the intern’s individual training needs. Interns accepted for a rotation through the Neuropsychology Service need to have completed at least one neuropsychology practicum and have had academic preparation in the areas of neuropsychological theory, neuropsychological assessment techniques, functional neuroanatomy and clinical neurology. It should be recognized that completion of the neuropsychology rotation alone will not equip the intern to function independently as a clinical neuropsychologist following receipt of the doctoral degree and state license. Clinical neuropsychology is a recognized specialty area within the field of psychology that requires completion of formal post-doctoral training.

Rotations through the Neuropsychology Service are offered during the last two rotation phases (January through August of each year) on a full-time basis only. It is recommended that prospective interns interested in pursuing a career in neuropsychology become familiar with the training guidelines developed at the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998).

Hannay, H.J., Bieliauskas, L., Crosson, B.A., Hammeke, T.A., Hamsher, K.deS., & Koffler, S. (Eds.: 1998). Proceedings of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. Archives of Clinical Neuropsychology, 13

CHILD STUDY AND TREATMENT CENTER (CSTC)

Child Study and Treatment Center (CSTC) is a JCAHO accredited hospital designed and staffed for the treatment of children and adolescents who cannot be served in less-restrictive settings. CSTC has a 47-inpatient bed capacity and a 15-student day hospital capacity. On-grounds elementary and secondary schools are considered an integral part of the treatment program. The focus of the internship experience will be on one of the following inpatient treatment teams: Camano Cottage (ages 5-12), Ketron Cottage (ages 12-14), or Orcas Cottage (ages 14-17). The Hospital is also responsible for providing psycho-legal services to the statewide juvenile court system. Opportunities for cross-cottage experience and participation in the day-hospital treatment program are also available (preadolescent ages 5-12).

Licensed psychologists offer intern supervision. However, it is the expectation that there is much to learn from the multidisciplinary approach, and therefore, informal supervision will also occur with assigned treatment team members.

The intern and supervisor prior to the rotation set specific requirements for the rotation. Minimum expectations include:

1. Testing and formal write-up of two comprehensive cognitive-personality assessments;
2. Three individual therapy cases.
3. Construction and implementation of one behavior management program.
4. Co-therapist participation in an ongoing group.
5. Active leadership for one patient, including treatment coordination, community contacts, and consultations.
6. Ongoing participation on a multidisciplinary team, including attending treatment plan reviews, rounds, family staffing, intake evaluation, etc.

Further recommended experiences include:

1. Participation in forensic evaluations.
2. Family therapy as a co-therapist.
3. School and community consultation.
4. Treating children who have been sexually inappropriate and/or sexually victimized.
5. Participation in a cottage-wide behavioral management program.
6. Participation in a Dialectical Behavior Therapy program.
7. Participation in adventure-based therapy; e.g., ROPES course.
8. Providing staff training on an area of expertise/interest.

SPECIAL COMMITMENT CENTER (SCC)

The Special Commitment Center (SCC) provides evaluation and treatment for individuals referred by the court whose offenses include rape, incest, child molestation and other forms of sexual assault or motivation. Services are provided in a secure and comfortable environment, with close monitoring. The program, operated by the Department of Social and Health Services, is housed on McNeil Island.

SCC's treatment program and residential environment is geared to helping the resident to maintain responsible and appropriate interpersonal behavior, which is respectful of privacy, boundaries, rules and limits. Respect for the welfare and dignity of others is considered an essential goal of treatment and a necessary component of any realistic re-offense prevention plan. Individual and group treatment will commence following a comprehensive assessment to determine an appropriate treatment plan. Treatment will involve individual and group counseling. Relapse prevention strategies provide the guiding principles. Psycho educational services (which include social and interpersonal skills training, aggression replacement, which helps with conflict resolution, anger management and moral reasoning), provide opportunities to acquire the knowledge and skills necessary to cope with life in the community. In addition to sex offender specific programming, services provide for medical, psychiatric, chemical dependency, educational, vocational, religious, cultural, and recreation and needs.

Committed residents must successfully complete the treatment program in order to receive a recommendation to the Court of Commitment for release to a less restrictive placement. Residents who successfully complete all designated treatment goals will receive staff support for a less restrictive placement. Residents must continue treatment in the community on an outpatient basis after they are discharged from SCC.

Legal Status

Chapter 71.09 of the Revised Code of Washington provides for the indefinite civil commitment of individuals designated “sexually violent predators”. A Sexually Violent Predator is

“.....any person who has been convicted of or charged with a crime of sexual violence and who suffers from a mental abnormality or personality disorder which makes the person likely to engage in predatory acts of sexual violence if not confined in a secure facility”.

“Mental abnormality” means “ . . . a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to the commission of criminal sexual acts in a degree constituting such person a menace to the health and safety of others”.

“Predatory” means “ . . . acts directed toward strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization”.

Residents are initially placed at the SCC under a “hold” order, pending their initial commitment trial. A psychologist working in the community, with expertise in sex offender issues provides an evaluation to the Court as part of the commitment process. Such psychologists, who complete assessments and compile a summary recommendation to the Court of Commitment within 45 days of admission, evaluate all newly admitted residents. This recommendation addresses the three critical commitment questions:

1. Has the individual been convicted of or charged with a crime of sexual violence”?
2. Does the individual suffer from a mental abnormality or personality disorder “ . . . which predisposes the person to the commission of criminal sexual acts”?
3. Is the individual likely to engage in predatory acts of sexual violence if not confined in a secure facility”?

After the evaluation is completed a trial will be held to determine whether the resident meets the criteria as a sexually violent predator. If the resident is found by the court to be a “sexually violent predator”, they will be placed in SCC as a resident, rather than a “detainee” awaiting a court hearing.

Residents committed to SCC as a “sexually violent predator”, are subject to procedures governing the management of persons committed as mentally ill and dangerous who are court ordered to reside in secure surroundings until the Court allows greater freedom.

SCC Psychologists will report to the court annually on how the resident is doing at SCC and whether his risk to re-offend has changed. The resident may petition the Court for release at any time. If they successfully complete designated treatment goals, SCC staff will support them moving to a community transition program

Rotation

SCC will provide one clinical rotation for each of the four interns from Western State Hospital during the course of their internship year. The rotation will provide experience in evaluation and treatment. A licensed psychologist who completed their doctorate at least two years previously, in order to meet American Psychological Association standards, will provide Two hours of supervision. The interns may also attend a meeting of the full clinical team, which meets every Wednesday afternoon and where cases are discussed and a Therapist or Psychologist presents a case for review.

Interns will be expected to undertake the following:

1. Sit in with a psychologist who carries a caseload of residents and meets them weekly to provide 1-on-1 counseling sessions. Subsequently the intern could carry a small caseload of residents and could conduct individual therapy sessions with them, initially under the supervision of a psychologist.
2. Co-facilitate sex offender treatment groups and psycho-educational modules.
3. Write treatment plans for residents that will be reviewed by a Team Psychologist.
4. Write class and group summaries on residents.
5. Write progress notes on residents summarizing individual sessions, following the accepted professional format.
6. Write psychosocial summaries for new residents.

A written evaluation of the intern's progress will be provided at the end of the rotation.

SEMINAR SERIES

Interns are expected to attend regularly scheduled seminars presented by the Psychology Department staff for interns. Topics presented include theoretical and practical aspects of assessment, psychopathology, treatment, professional, and ethical issues. The following list is representative:

Mental Status Examination/Clinical Interviewing	Clinical Intervention
Professional Responsibility/Ethics/Forensic	Boundaries: Staff/Patient
Geropsychiatric (dementia, Huntington's, and assessment)	Cultural Factors in Assessment/Treatment
Psychopharmacology	Diversity

A seminar series in forensic mental health topics is provided consisting of three consecutive tracks. Interns must participate in the 12 session Criminal Track & Foundations. Each session is three hours in length. The following list is representative:

Competency to Stand Trial	Sample Expert Testimony: Critique & Discussion
Criminal Responsibility	Sample Case Reports: Critique & Discussion
Diminished Capacity	Reports and Testimony
Violence Risk Assessment	Clinical-Forensic Judgment
Intoxication Defenses	Psychological Test Evidence
Juvenile Forensic Evaluations	Psychological and Psychiatric Evidence

There are two other tracks (civil and correctional) in the complete forensic seminar series. After completing the criminal forensic track, interns may participate in these on an optional basis. In such case, attendance is in lieu of research time or annual leave and is based upon the approval of the intern's supervisor.

THE PUGET SOUND COMMUNITY

Situated on a very attractive campus in a metropolitan area, Western State Hospital is close to Tacoma and Seattle with many educational and recreational activities available. Such amenities as shopping, dining, and medical facilities are easily accessible in both cities and environs. The Canadian border and the city of Vancouver are within a 3-hour drive.

Nearby recreational facilities include skiing, boating, fishing, clamming, hiking and mountain climbing. Music, theater, and other arts activities are available, with opportunities for participation as well as attendance. Education facilities in the area include the University of Washington, Pacific Lutheran University, Seattle Pacific University, Seattle University, University of Puget Sound and several community colleges, including Pierce College, which is adjacent to us.

The marine climate is moderate with temperatures rarely reaching 90 degrees in summer or falling below 25 in winter.

**WESTERN STATE HOSPITAL
PSYCHOLOGY DEPARTMENT**
***Denotes Former Western State Hospital Intern**

LARRY ARNHOLT, PhD

Texas A&M University
Center for Adult Services

LINDA BOWMAN, PhD

California School of Professional Psychology--Fresno
Psychology Department

JOE BURNETT, PhD

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University of Denver
Center for Forensic Services

CHILD STUDY AND TREATMENT CENTER (CSTC)
PSYCHOLOGY DEPARTMENT
***Denotes Former Western State Hospital Intern**

JAN BACON, PhD
Utah State University
Middle Adolescent Program

HOLLY GALBREATH, PhD
Vanderbilt University
Older Adolescent Program

***IVAN KRUH, PhD**
University of Alabama
Forensic Services

FRANCES LEXCEN, PhD
University of Virginia
Forensic Services

ANA SIERRA JÖNSSON, PhD
University of Virginia
School-Age Program

SPECIAL COMMITMENT CENTER (SCC)
PSYCHOLOGY DEPARTMENT
***Denotes Former Western State Hospital Intern**

***HOLLY CORYELL, PhD**

Gallaudet University
Forensic Unit

ERIC PADOL, PsyD

Nova Southeastern University
Clinical Unit

GEORGE RECKNAGEL, PhD

Fuller Theological Seminary
Clinical Unit

MARK SEELEY, PhD

Indiana University – Pennsylvania
Forensic Unit

JENNY SEVERNS, PhD

Duquense University in Pittsburgh, Pennsylvania
Clinical Unit

PAUL SPIZMAN, PhD

Indiana University of Pennsylvania
Forensic Unit

RICHARD STOKES, PhD

California School of Professional Psychology
Clinical Unit

WESTERN STATE HOSPITAL

TACOMA, WA

Psychology Internship Training Reference Information

Applicant's Names: _____

All students applying to our internship program are asked to give this form to those individuals from whom they request a reference. We hope you will be candid in your remarks. It is our basic assumption that no matter how good any training program or clinical experience is, it is impossible to teach students all they need to know. For this reason, we are most interested your appraisal of what this student has not completely mastered in specific areas. Your description of the unique combinations of strengths and weaknesses, amenability to the supervisory process, and the personal qualities you have observed will help us determine at what level we should initiate training. This information will be kept confidential. Please attach additional sheets if necessary. **Feel free to ignore any item for which you do not have firsthand knowledge. If you have questions, please call (253) 756-2648. *PLEASE NOTE: Feel free to use a narrative format on letterhead addressing the following areas, if you prefer.***

1. How long, where, and in what capacity have you known the applicant?

2. Assessment of diagnostic and testing skills:

**Western State Hospital
Tacoma, WA**

3. **Your clinical observations of the applicant's unique combination of strengths and weaknesses as well as personal qualities:**
4. **Response to supervision, including what you have found useful in helping the student overcome the difficulties faced in his/her dealing with lack of knowledge:**

Please return this form before November 15, 2005 to:

Melvadene Gabrilski
Secretary Administrative
Psychology Department
Western State Hospital
9601 Steilacoom Blvd. S.W.
Tacoma, WA 98498-7213

Signature

Date _____

Name (PLEASE TYPE or PRINT)

Title (PLEASE TYPE or PRINT)